



CERTIFICATE of WORK EXPERIENCE by CAREER or TECHNOLOGY TEACHER

Name _____ TRS Participant ID or
Social Security Number _____

School District _____ Position _____

The certification below must be completed by the TRS reporting official at the school district or charter school where the salary step credit was earned.

An eligible member of the Teacher Retirement System of Texas (TRS) may establish equivalent membership service credit for one or two years of work experience for which the member is entitled to salary step credit under Section 21.403(b) of the Education Code. A member is eligible to establish equivalent membership service credit for work experience if the member has **at least five years** of TRS membership service credit for actual work performed with a TRS-covered employer. Service credit is computed on a September 1 through August 31 school year.

Credit for work experience may be established by depositing with TRS, for each year of credit, the actuarial present value, at the time of deposit, of the additional standard retirement annuity benefits that would be attributable to the conversion of the work experience into service credit based on rates and tables adopted by the TRS Board of Trustees. Because the actuarial present value is determined at the time of deposit, delay in making the required deposit with TRS may increase the cost to establish this equivalent membership service.

Payment for this service credit must be received by TRS by the member's effective date of retirement or the last day of the month in which the member submits a retirement application, whichever is later.

Dates of work experience: From _____ To _____
From _____ To _____

I certify that the person named on this form is a certified career or technology education teacher and is entitled to salary step credit for the work experience listed above under Section 21.403(b) of the Education Code.

Signature of TRS Reporting Official

Title

Printed Name of TRS Reporting Official

NOTARIZATION OF REPORTING OFFICIAL SIGNATURE

STATE OF _____ COUNTY OF _____

BEFORE ME, a notary public, on _____ (date) personally appeared _____ (reporting official) known to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein are true and correct.

GIVEN under my hand and official seal this the _____ day of _____, _____, _____
Month Year

(SEAL)

Signature of Notary Public